

Fort Cherry Bands
Student Health Form

Student Name _____ Date of Birth _____

Address _____

Parent(s)/Guardian(s) Name(s) _____

Home Phone No. _____ Work Phone No. _____

Cell Phone No. _____ (If Applicable)

Alternate Contact Name _____

Home Phone No. _____ Work Phone No. _____

Cell Phone No. _____ (If Applicable)

Describe the Following:

Recent Illness:

Chronic or Long Term Illnesses: (If a child has restrictions that will have them miss a lot of performances or rehearsals, they should not be in this organization)

Allergies:

Medications currently being taken:

Are the directors/sponsors permitted to administer medication to the student if the need arises? **YES / NO** (circle one) If yes, please list medications:

Other medical or physical restrictions:

Parent / Guardian Consent Statement

Do you give permission to have your child receive emergency medical treatment and / or hospitalization by a licensed physician or emergency medical technician if an emergency situation arises?

YES / NO (circle one) Initial here: _____

Preferred Hospital: _____

Parent / Guardian Signature

Insurance Company

Date

Policy Number